

Foster Family Home - Corrective Action Report

Provider ID: 1-140030

Home Name: Aileen Ramirez, CNA

Review ID: 1-140030-5

94-006 Poailani Circle

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 3/6/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 3/6/19. Corrective Action Report issued during home visit with all items due to CTA by 4/6/19. CAP completed 3/12/2019.

Foster Family Home Personnel and Staffing [11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41(c) CG#2 Completed only 15.5 hours of in-service out of the required 24 hours in 24 months.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(b)(1) Env. the room must be at least 90 square feet

Comment:

(3P)b.1 Client# 1 has a big safe stored in her room, that does not belong to the client.

Foster Family Home Client Rights [11-800-53]

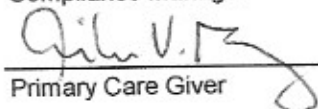
53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

Client#2 has a curtain, no door to separate the corridor and the clients room.



Compliance Manager



Primary Care Giver

3/6/19

Date

07/06/19

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: AILEEN RAMIREZ

CCFFH Address: 94-006 POAILANI CIRCLE WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41. C	Notified all my substitute caregivers to sign up inservice only that they can apply in my foster home. Gave some sample that I already signed up for.	4/1/19	made a hard copy calendar for all my substitute caregivers including myself to keep tract the in service hours. In the calendar, expiration date is also included for reference. 1m also using my phone and put an alert alarm when documents expiring. Noted that only clases that applies to my foster home is counted as in service hours.
3p (b) (1)	I moved out the big safe.	3/12/19	only things that belongs to the patientt should be in the room.
53. (bxe)	Sliding door with lock is onthe patient room.	3/12/19	Make sure to always maintain patient privacy by having cover in the patient room. Patient choice to privacy by providing rooms with lock.

Primary Caregiver's Signature: _____

Print Name: AILEEN RAMIREZ

Date of Signature: _____

04/04/19